

Behested Payment Report
A Public Document

Type or Print in Ink.

Amendment of Filing ☐ Check box if an Amendment _____ (Month, Day, Year) # _____ Confirmation Number	RECEIVED Date Stamp (Agency) 2026 SEP 22 A 11:08	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

ELECTED OFFICER OR CPUC MEMBER:

Tyler Maxwell

AGENCY NAME:

City of Fresno

AGENCY STREET ADDRESS:

2600 Fresno Street, Fresno, CA 93721

DESIGNATED CONTACT PERSON (NAME AND TITLE):

Itzi Robles, Chief of Staff

AREA CODE/PHONE NUMBER:

559-621-7842

E-MAIL:

itzi.robles@fresno.gov

2. Payor Information (For additional payors, include an attachment with the names, addresses, and proceeding information)

NAME:

PG&E

ADDRESS:

300 Lakeside Dr. Ste 210

CITY:

Oakland

STATE:

CA

ZIP CODE:

94612

☐ Donor Advised Fund (DAF)
(see instructions)

DAF NAME:

DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.)

☐ Payor is a named party or the subject of a proceeding before my agency.

BRIEF DESCRIPTION OF PROCEEDINGS:

3. Payee Information (For additional payees, include an attachment with the names, addresses and relationship information)

NAME:

Fresno Police Activities League

ADDRESS:

326 N. Blackstone Ave

CITY:

Fresno

STATE:

CA

ZIP CODE:

93701

For a **nonprofit organization payee**, provide a brief description of any relationship to the official, official's immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (board member or executive officer) or position on an honorary or advisory board.

NAME AND TITLE:

ROLE WITH THE NONPROFIT ORGANIZATION:

BRIEF DESCRIPTION:

4. Payment Information (Complete all information. For estimated payment information check the box below.)

DATE (MONTH/DAY/YEAR)	AMOUNT	PAYMENT TYPE	BRIEF DESCRIPTION OF IN-KIND PAYMENT	PURPOSE	DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT:
09/01/2026	\$5,000.00	☒ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE ☐ GOVERNMENTAL ☒ CHARITABLE	Operation Gobble - Thanksgiving food drive serving over 700 residents annually
		☐ MONETARY DONATION ☐ IN-KIND GOODS OR SERVICES		☐ LEGISLATIVE ☐ GOVERNMENTAL ☐ CHARITABLE	

☐ The _____ is an estimate and reflects my best efforts at obtaining the accurate
(DATE/AMOUNT)
information.

REASON FOR ESTIMATE:

5. Amendment Description and/or Comments (Provide date of original filing or confirmation number in Part 1.)

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 09/22/24
DATE

By Itzi Robles
SIGNATURE

FPPC Form 803 (February/2022)
advice@fppc.ca.gov